

# ARKANSAS RENT RELIEF PROGRAM TENANT APPLICATION USER GUIDE



MAIN WEBSITE: AR.GOV/RENTRELIEF CONTACT CENTER:

1-855-RENTARK

#### THINGS TO KNOW WHEN APPLYING ONLINE



#### **INTERNET CONNECTIVITY**

Please ensure that you have a **stable internet connection** that will allow you to complete the application with minimal interruptions. For an optimal browsing experience, we suggest that you use the latest public release of any one of the following web browsers:

- <u>Google Chrome</u>
- Mozilla Firefox
- Microsoft Edge
- <u>Apple Safari</u>

Internet Explorer is NOT supported

**PLEASE NOTE:** The online application can be used on mobile devices and tablets. We recommend that you have all required supporting documentation loaded on your mobile or tablet device before you begin your application.







#### USER RESPONSIBILITY

As with all official State of Arkansas forms and documents, **you are responsible for the completeness and accuracy of all information that you provide during the application process.** You are responsible for entering all required information. Failure to do so may result in your application being delayed or disapproved.





## **TENANT ONLINE APPLICATION GUIDE**

This document provides an overview of the Arkansas Rent Relief Program online application and the required steps for applicants to complete. Applicants should review this user guide in its entirety to confirm their program eligibility (see the "Prescreen" page of the application). It is best to prepare the required documentation before beginning the online application.

Supporting documentation for the Rent Relief application includes the following:

- Government Issued Photo Identification (e.g. Driver's License, Passport, Military ID, U.S. Permanent Resident Card, etc.)
- □ Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance
- Proof of Income for each household member who files income taxes (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months)
- Proof of COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W-2)
- □ Unemployment benefit statement or Form 1099-G (if applicable)
- Eviction notice, notice of eviction court hearing or statement/letter of past-due rent (if applicable)
- Utility bill(s) for the amount you are requesting assistance (if applicable)

Applicants may self-attest to the following requirements where complete supporting documentation is unavailable:

- □ Financial Impact (e.g., unemployment, reduction in income, significantly increased expenses, or other financial hardship)
- □ Housing Impact (e.g., risk of housing instability or homelessness)
- □ Income qualification (e.g., total household income at or below 80% AMI)
- □ Lease Obligation (e.g., landlord information, monthly rental obligation, and response as to utilities included). Note that a written lease must still be provided.
  - Rental assistance will be limited to 3 months of rent with an expectation that the lease agreement is provided on future requests if a copy of a valid lease is not provided with the initial application.

Note that case managers may still be required to request the missing documentation, to include any of the self-attested criteria above, to prove eligibility in accordance with US Treasury regulations.

*Please refer to the Arkansas Rent Relief FAQs and Tenant Required Documents for a complete list of required documentation.* 





### HOMEPAGE

□ Here you can access an overview of the Rent Relief program, create a new application, check an existing application status, log into an existing account, and access to help and support resources.

□ Click **Apply Now** to create an account and begin the application process.

□ Click **Check Application Status** to view the current status of a submitted application.







### **REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)**

Enter your first and last name, provide an **email address** to which a system-generated verification email will be sent, and indicate whether you are a renter or landlord.

| Us                                      | ser Registration |   |
|---|------------------|---|
| First Name*                             | Last Name*       |   |
| Email*                                  |                  |   |
| Confirm Email*                          |                  |   |
| Are you a Renter or a Landlord ?*       |                  | • |
| Please provide your preferred language* |                  |   |
| _                                       |                  |   |



| ARKANS           | AS |
|------------------|----|
| <b>RENT RELI</b> | EF |
| PROGRA           | M  |

| Dear Applicant,   |
|---|
| Thank you for your interest in the State of Arkansas Rent Relief Program. This email serves as confirmation that you have successfully created an account.  |
| Username:<br>To change your password, please click here   |
| or copy paste the below URL in your internet browser address bar.   |
| Before you start, please read the resources and information about the Arkansas<br>Rent Relief Program at AR.GOV/RENTRELIEF to understand the application and<br>program eligibility requirements. Once your application is submitted you will<br>not be able to edit your application. Please ensure you complete the<br>application completely and accurately and confirm you have uploaded all<br>documentation required. You will want to have on hand a copy of your lease or<br>utility bills, a copy of your photo ID, your landlord's contact information (phone<br>and email), and any other documentation of your situation. |
| You will receive an email confirmation when your application is successfully submitted. <b>Once you submit, you can check the status of your application any time at AR.GOV/RENTRELIEF.</b>   |
| Sincerely,<br>Arkansas Rent Relief Program Team   |





| CREATE PASSWORD              |   |                   |
|------------------------------|---|-------------------|
| Click the link to create a n | ew password to log in to your new   | <i>i</i> account. |
|                              | Change Your Password  |                   |
|                              | Enter a new password for<br>travieso.anthony@gmail.com. Make sure to include at<br>lease: |                   |
|                              | Password was last changed on 3/11/2021, 6.43 Awi.   |                   |
|                              | © 2021 salesforce.com. All rights reserved.   |                   |
|                              |   |                   |





## START NEW APPLICATION



□ After successfully logging in to your new account, begin a **new application** by clicking **Start New Tenant Application** on the homepage.





#### **RETURN TO AN APPLICATION**

To continue with an application you have already started, log in with your email address and password. If you have forgotten your password, you can create a new one by clicking "forgot your password?" and a new verification link will be sent to the email address you gave us.

| *    | Username          |               |
|------|-------------------|---------------|
| 6    | Password          |               |
|      | Log in            |               |
| orgo | ot your password? | Not a member? |

□ Once logged into, click on **Track Status** at the top of the screen.







□ If you have already started an application, the case number, status, and rental property address will appear.

□ Click on three dots in the top right corner and click **Edit**. This will bring you back to the first page of the application. Your information should already be there.

| HUMAN<br>Services | Home   | Арріу                          | Track Status                        | Help & Support                          | Language Preference | ۵ |
|-------------------|--|--------------------------------|-------------------------------------|---|---------------------|---|
|                   | ES<br>I Am a Tenant  | rental assistance and you do n | at see your request below you can s | art a new application by clicking Apply | manul               |   |
|                   | Case Number<br>00001079  | rental assistance and you do h | •••                                 | ar ta new application by clicking Apply | menu:               |   |
|                   | Status<br>Not Submitted<br>Rental Property<br>1800 Center Street, Little Rock, / | AR 72206                       |                                     |   |                     |   |
|                   |  | Privacy Poli                   | sy   Alerts   Security Po           | icy   AcceptableUse   Tran              | sparency            |   |
|                   |  | ·                              | Соругіght 2021 © All Righ           | ts Reserved. Arkansas.gov               |                     |   |

Note: If you have already completed your application, the Status will say "Submitted" and no further action will be required of you at this time.





| YOUR | ROGRESS   |                |
|------|---|----------------|
|      | On any page of the application, you will be able to monitor your progress both on the current pa<br>and throughout each phase of the application using the icons on the <b>top</b> panel.   | ge             |
|      | ✓ _ O _ ● _ ● _ ● _ ● _ ● _ ● _ ● _ ● _ ●   |                |
|      | On each subsequent page of the application, the progress will be updated, and previously compet<br>bages will show a blue check mark.   | ed             |
|      | <b>Rules</b> have been built into the application to let you know if information is missing, has been<br>entered in an incorrect format, or whether your responses indicate you are ineligible for the<br>program.  |                |
|      | Please note that you are responsible for answering each question completely and accurate  | <u>у</u> .     |
|      | f you accurately answer a question and you are provided with an <b>eligibility error</b> , please <b>DO NG</b><br><b>Change, or override your response</b> to complete the application. This means you are not eligible<br>for the program. Please call 1 (855) RENTARK for further assistance. | <b>)T</b><br>e |
|      | Mandatory fields are indicated with an asterisk (*)   |                |
|      | * Employment status   |                |
|      |   |                |





#### PRESCREENING

The **Prescreening** page asks key questions that can help you know whether you are eligible for the Rent Relief Program.

□ Enter how many **members** live in your unit and **physical address** (number, street, city, zip and state) of the rental unit for which you are requesting help. Include all renters named on the lease agreement, any minor children living in the home, and any other individuals living in the household on a regular basis, meaning more than 50% of the time for which you are seeking assistance.

| * Provide the physical address of the rental unit for which y | ou seek assistance |
|---|--------------------|
|   |                    |

□ Show whether your landlord is an immediate family member by selecting either the "Yes" or "No" button. Examples of immediate family members include, but are not limited to parents, children, or siblings.

| * Is you | landlord | l an immediate family member |
|----------|----------|------------------------------|
| O Yes    |          |                              |

- □ Say whether your name is on the lease agreement for the rental unit by selecting either the "Yes" or "No" button.
  - Applicants are required to be listed in the lease agreement to be eligible for this program.







- □ Enter the **total annual household** income for 2020 in the open field. The total annual household income should reflect the sum of all income earned by the adult household members.
  - Applicants' 2020 total annual household income or current income (based on the last 2 months) must be within the 80% AMI limits by the respective county.
  - **Please refer** to the State of Arkansas Rent Relief Program "Applicants Frequently Asked Questions" for the AMI table (Appendix A).

| 0 0 0 0   |
|---|
| reening   |
| What is your total household Annual Adjusted Gross Income?* |
| Required  |
| Apt/Unit #  |
|   |

- □ Since March 13, 2020, select each scenario that applies to you by selecting the check boxes. An applicant must have experienced at least one of these scenarios:
  - Qualified for unemployment benefits
  - Experienced a reduction in income
  - Incurred significant costs
  - Been unemployed for the last 90 days prior to submitting this application
  - Experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak
  - Experienced housing instability or homelessness (gotten an eviction notice, for example)

Since March 13,2020, have you (check all that apply)

- Qualified for unemployment benefits
- Experienced a reduction in income
- Incurred significant costs
- Been unemployed for the last 90 days prior to submitting this application
- Experienced other financial hardship due directly or indirectly to the COVID-19 outbreak?
- Experienced housing instability or homelessness
- Say whether you are applying because of a request from your landlord, or a system generated email letting you know your landlord has applied. by selecting the "Yes" or "No" button.
- o If "Yes", enter the application request number given by your landlord in the open field.





| As you complete this form, it may be help<br>• Photo ID<br>• Loren Agroement | ul to have the following documents:  |  |  |
|--|--|--|--|
| Proof of Income (W-9 or Pay Stub)  | • Uninty dails<br>• SSN  |  |  |
| Confirm Address  | - 0 0 0 0 0  |  |  |
| Confirm  | Address  |  |  |
| Street   | US Postal Service Format:<br>1800 CENTER ST<br>LITTLE ROCK<br>AR<br>72206-1418 |  |  |
| y<br>Accent Forma  | Pulaski County   |  |  |
|  | Confirm Address Confirm A  | Confirm Address Confirm Address Street IBO0 CENTER ST LITTLE ROCK AR 72206-1418 Pulaski County | Street Boo Center St<br>US Postal Service Format:<br>BIOO CENTER ST<br>LITTLE FOCK<br>AR<br>72206-1418<br>Pulaski County |





#### ELIGIBILITY

Based on responses to the Prescreening questions, an applicant will be notified if they may be eligible to apply.

| SERVICES | Home             | Apply                      | Track Status   | Help & Support   | Language Preference | ٩ |
|----------|------------------|----------------------------|--|--|---------------------|---|
|          | Renter Applicati | on                         | As you complete this form, it may be helpful<br>• Photo ID<br>• Lease Agreement<br>• Proof of Income (W-9 or Pay Stub) | to have the following documents:<br>• Utility Bills<br>• SSN |                     |   |
|          |                  |                            | O O O O O O O O O O O O O O O O O O O  | 0 0 0 0  |                     |   |
|          |                  |                            | Eligibi  | lity   |                     |   |
|          |                  | Total Annual Income:\$30,0 | 000.00   |  |                     |   |
|          |                  | County of Residence: Pulas | ski County   |  |                     |   |
|          |                  | You may be eligible        | e for Rental Assistance, Continue Application  |  |                     |   |
|          |                  |                            | Next   |  |                     |   |
|          |                  |                            | Previou  | s  |                     |   |

- □ Carefully **read and understand the eligibility requirements** as outlined in the Frequently Asked Questions to confirm that you are eligible for the program.
- Answer each question honestly and do not override accurate responses in order to participate in this program if your truthful answers show you are ineligible. There may be other programs and resources available to you.
- □ Responses to other questions within the application may lead to a determination of ineligibility.





### **APPLICANT DETAILS**

The Applicant Details page captures basic information about the applicant.

□ Complete the **Application Information** section by entering:

- First and Last Name
- Date of Birth
- Gender

- Social Security Number
- o Race and Ethnicity
- o Marital Status
- Employment Status
- Type of Photo Identification

| Instituative                              |   | Middle Name             |  |
|---|---|-------------------------|--|
| John                                      |   |                         |  |
| .ast Name                                 |   | Suffix                  |  |
| Smith                                     |   |                         |  |
| Date of birth                             |   | *Gender                 |  |
| 03/14/2002                                | 苗 | Male                    |  |
| e   |   |                         |  |
|   |   |                         |  |
| Do you have a Social security number?     |   | *SSN/TIN                |  |
| Yes 🔿 No                                  |   |                         |  |
| Race                                      |   | * Ethnicity             |  |
| American Indian or Alaska Native          |   | Hispanic/Latino         |  |
| Asian                                     |   | Non-Hispanic/Non-Latino |  |
| White                                     |   | No Response             |  |
| Black or African American                 |   |                         |  |
| Native Hawaiian or Other Pacific Islander |   |                         |  |
| No Response                               |   |                         |  |
| arital status                             |   | Employment status       |  |
|   | - |                         |  |
|   |   |                         |  |





|                  | If you are using a <b>Driver's License</b> for your Number" and the "State" that issued it. | eligible photo ID, please enter the "Driver's License  |
|------------------|---|--|
|                  | Type of Photo ID*<br>Driver's License   |  |
|                  | Drivers License Number*   | Drivers License State*                                 |
| Note:<br>sectior | You will be required to upload a photocopy or pic<br>a later in the application.            | ture of your eligible photo ID to the Upload Documents |
|                  | Enter your current mailing address and confi  | rm your <b>contact information.</b>                    |
| ~                | Applicant Mailing Address   |  |
|                  | Address*<br>1800 CENTER ST, LITTLE ROCK, AR, USA  | Apt #  |
| ~                | Applicant Contact Details   |  |
|                  | Phone number*   | Re-enter phone number*                                 |
|                  | Email*  | Re-enter email*  |
|                  | Preferred method of contact*  | Preferred language*                                    |
|                  |   |  |
|                  |   |  |
|                  |   |  |
|                  |   |  |





- Under Self Attestation for COVID-19 Impacts and Self Attestation for Housing Instability, check each box that applies. In the open field provided at the bottom of each section, you will need to describe how COVID-19 has impacted you, such as unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship
  - On the upload documents screen, you will need to attach supporting documentation to demonstrate a loss of income, significant cost, and/or other financial hardship (e.g., unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency).

|   | Please click from one or more of the options below how COVID-19 has impacted you through qualification of  |
|---|--|
|   | unemployment benefits, reduction in income, significant costs incurred, and/or other financial nardship. You will also<br>need to describe further in the field below those impacts. |
|   | Self Attestation for COVID-19 Impact options (check all that apply)  |
|   | Hours were reduced due to COVID-19   |
|   | Have been laid off due to COVID-19   |
| 1 | Have incurred increased medical costs due to COVID-19  |
| 1 | Have incurred financial hardship due to COVID-19   |
| 1 | Had to miss time from work to quarantine   |
| 1 | Had to miss time from work to care for children who had to miss school due to COVID-19   |
|   | Had to miss time from work because the person is in an at-risk medical group, or a dependent is in at-risk medical group   |
| 1 | Had to miss time from work due to a COVID-19 related death to a family member  |
| 1 | Other reasons  |
|   | Required   |
|   |  |
|   |  |
|   | <u>//</u> /  |
|   | Required   |
|   |  |





| homelessness or unsafe living conditions, please click all that apply below  | that may show a heightened risk of      |  |  |  |  |
|--|---|--|--|--|--|
| Self Attestation for Housing Instability options (check all that apply)  |   |  |  |  |  |
| Eviction notice  |   |  |  |  |  |
| A past due utility or rent notice (late notice or notice to pay/quit)  |   |  |  |  |  |
| History of or potential for exposure to intimate partner violence, sexual assault  | . or stalking                           |  |  |  |  |
| <ul> <li>The household is forgoing or delaying the purchase of essential goods or services to pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school</li> </ul> |   |  |  |  |  |
| The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income  |   |  |  |  |  |
| Unsafe living conditions, including but not limited to, insufficient heat, lack of redeferred maintenance  | unning water, mold, or major            |  |  |  |  |
| Currently living doubled up or in a hotel/motel due to financial hardship  |   |  |  |  |  |
| Required   | 4                                       |  |  |  |  |
| Required   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |  |  |  |
| Next   |   |  |  |  |  |
| Previous   |   |  |  |  |  |





| OTHER          | HOU                     | SEHOLD N     | ЛЕМЕ     | BERS        |            |                               |   |                        |                |                                 |                                    |            |           |               |           |
|----------------|-------------------------|--------------|----------|-------------|------------|-------------------------------|---|------------------------|----------------|---------------------------------|------------------------------------|------------|-----------|---------------|-----------|
|                | fter                    | entering y   | your     | details,    | you        | are                           | required  | to                     | add            | the                             | information                        | for        | any       | other         | household |
| n              | neml                    | bers by clic | cking    | Add Ho      | buseh      | old                           | Members   | 5.                     |                |                                 |                                    |            |           |               |           |
| HUMA<br>SERVIC | AN<br>CES               | Home         |          | Appl        | <u>y</u>   |                               | Track Status  |                        |                | н                               | łelp & Support                     |            | Languag   | ge Preference | ۵         |
|                |                         | Renter       | Applicat | ion         |            | As you o<br>• P<br>• L<br>• P | complete this form, it n<br>Photo ID<br>.ease Agreement<br>Proof of Income (W-9 o | nay be hi<br>r Pay Sti | elpful to ha   | ave the fol<br>• Utili<br>• SSN | lowing documents:<br>ty Bills<br>N |            |           |               |           |
|                | Other Household Members |              |          |             |            |                               |   |                        |                |                                 |                                    |            |           |               |           |
|                |                         |              |          | Other House | hold Mem   | bers                          |   |                        |                |                                 |                                    |            |           |               |           |
|                |                         |              |          | FIRST NAME  |            |                               | GENDER  |                        |                | I                               | RELATIONSHIP                       |            |           |               |           |
|                |                         |              |          |             |            |                               |   |                        |                |                                 | + Ac                               | d Househ   | old Membe | ers           |           |
|                |                         |              |          |             |            |                               |   | Pr                     | Next           |                                 |                                    |            |           |               |           |
|                |                         |              |          | Priv        | acy Policy | I                             | Alerts  | Security F             | Policy         | 4                               | Acceptable Use                     | Fransparen | cy        |               |           |
|                |                         |              |          |             |            |                               | Copyright 2   | 021 © Ali R            | tights Reserve | d. Arkansas.go                  | ov                                 |            |           |               |           |

Note: Applicants who live alone should click "Next" to continue with the application. A roommate who is also listed on the lease agreement or has a different lease agreement should apply separately





- For each additional household member, enter the following information and click Save.
  - o First and Last Name
  - o Date of Birth
  - Relationship to the applicant
- Once the details for all other household members are saved, click **Next** to continue.

| * First Name   | Middle Name  |
|--|--|
| *Last Name   | Suffix   |
| Does this person have a Social security number? Yes No No  | SSN/TIN  |
| * Date of birth  | Gender   |
| 苗  |  |
| Age  | Employment status  |
|  | •  |
| Marital status   | * Relationship   |
| Race<br>American Indian or Alaska Native<br>Asian<br>White<br>Black or African American<br>Native Hawailian or Other Pacific Islander<br>No Response | Ethnicity<br>Hispanic/Latino<br>Non-Hispanic/Non-Latino<br>No Response |





| INCOME  |  |   |   |   |                            |                         |
|---------|--|---|---|---|----------------------------|-------------------------|
| 🗆 Add i | all sources of in  | <b>come</b> for eac                         | h household me  | mber by clicki  | ng <b>Add Income</b> .     |                         |
|         | THUMAN SERVICES  | Home Apply                                  | Track Status  | Help & Support  | Language Preference (      | ٩                       |
|         |  | Renter Application                          | As you complete this form, it may be help<br>• Photo ID<br>• Lease Agreement<br>• Proof of Income (W-9 or Pay Stub) | ul to have the following documents:<br>• Utility Bills<br>• SSN |                            |                         |
|         |  |   | 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -   | 0   |                            |                         |
|         |  |   | Inco  | me  |                            |                         |
|         |  | Income<br>INCOME TYPE                       | EMPLOYER NAME   | 2020 TOTAL ANNUA  | + Add Income               |                         |
|         |  |   | Nex<br>Previ  | tus   |                            |                         |
|         |  | Privacy                                     | Policy   Alerts   Security Polic  | y   Acceptable Use   T<br>Reserved Arkansas apy                 | Transparency               |                         |
| 0       | The income ty<br>2020 annual ir<br>How the Incor<br>Annual Income    | pe<br>ncome from ti<br>ne will be pre<br>e) | his income type<br>esented in the a   | oplication (IRS   | 1040, Current 202          | 21 Income, 2020         |
|         |  |   | Income  |   |                            |                         |
|         | * Household member Required Employer name                            |   | * Income typ  | e<br>annual income from this income source (e.j                 | g.W2)                      | •                       |
|         | *How will you present your income?  Required Prior months income  \$ |   | Last months   | ncome   |                            |                         |
|         |  |   |   | Ca  | ancel Save                 |                         |
|         |  |   |   |   |                            |                         |
| 🗆 After | saving the requi   | ired informati                              | ion for each soui   | ce of househc   | old income, click <b>N</b> | <b>ext</b> to continue. |





#### RENT

- □ Indicate whether you pay rent to an individual or a company by selecting either the "Individual" or "Company" button.
  - If **individual**, enter their information as noted in the lease:
    - Name (first, middle, last)
    - Landlord address (number, street, city, zip and state)
    - Contact information (phone number and email address)

| HUMAN | Home                                    | Apply                      | Track Status   | Help & Support  | Language Preference Q |  |  |  |
|-------|---|----------------------------|--|---|-----------------------|--|--|--|
|       | Renter Applica                          | ition                      | As you complete this form, it may be helph<br>• Photo ID<br>• Lease Agreement<br>• Proof of Income (W-9 or Pay Stub) | ul to have the following documents:<br>• Utility Bills<br>• SSN |                       |  |  |  |
|       | 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - |                            |  |   |                       |  |  |  |
|       |   |                            | Rer  | nt  |                       |  |  |  |
|       |   | ✓ Landlord Details         |  |   |                       |  |  |  |
|       |   | *Type<br>O Individual O Co | ompany   |   |                       |  |  |  |
|       |   | First Name*                |  | Last Name*  |                       |  |  |  |
|       |   | Email*                     |  | Phone number*   |                       |  |  |  |
|       |   | Address*                   |  | 🖋 Apt #   |                       |  |  |  |

- If **company**, enter their information as noted in the lease:
  - Company name
  - Address (number, street, city, zip and state)
  - Contact information (phone number and email address)

| HUMAN Home | _Apphy                   | Track Status   | Help & Support                       | u | nguage Proference Q |
|------------|--------------------------|--|--------------------------------------|---|---------------------|
|            | Renter Application       | As you complete this form, it may be helpful to have the fol<br>- Photo ID UBI<br>- Lease Agreement - SSI<br>- Phoof of Income (VF9 or Pay Stub) | llowing documents:<br>Hy Billis<br>N |   |                     |
|            |                          | 0-0-0-0-0-0-0<br>Rent  |                                      |   |                     |
|            | ✓ Landlord De            | Rent   |                                      |   |                     |
|            | "Type<br>⊖ Individual    | € Company  |                                      |   |                     |
|            | Company na<br>First Name | une" Last Name"  |                                      |   |                     |
|            | Email*<br>Address*       | Phone num  | Apt #                                |   |                     |
|            |                          |  |                                      |   |                     |





| <ul> <li>Indicate</li> <li>Indicate</li> <li>the Yes</li> </ul> | e whether you have gotten an<br>e whether you have gotten cou<br>or <b>No</b> button.                    | eviction notice by selecting eithe<br>urt eviction paperwork with a hea | r the <b>Yes</b> or <b>No</b> button.<br>aring date by selecting either |
|---|--|---|---|
|   | ✓ Rent Details   |   |   |
|   | *Have you received an eviction notice?   |   |   |
|   | • Has eviction court paperwork been issue  | ed to the tenant with a hearing date or has an evict                    | tion occurred?  |
|   | Lease start date*  | Eease end date*   | 曲   |
|   | <ul> <li>Is this your current lease?</li> <li>○ Yes ○ No</li> </ul>                                      |   |   |
|   | our lease information, includir<br>Lease start date<br>Lease end date<br>Whether this is your current le | ease by clicking the <b>Yes</b> or <b>No</b> but                        | tton  |
| 04-0<br>* Is thi  | 01-2020<br>s vour current lease?   | <b>b</b> 09-30-2021   | Ē   |
| ) Ye  | is 🕖 No  |   |   |
| Add ead<br>information  | ch month you are seeking help<br>ation:  | o for by clicking <b>Add Rent</b> and en                                | tering the following  |
| Add Ren   | t Due Details  |   |   |
| MONTH   | APPLYING FOR   | MONTHLY RENT AMOUNT HAVE YOU RECEIVED PA                                | ST DUE RENT N   |
|   |  | P   | Add Rent<br>revious Next  |
|   |  |   |   |





- □ Enter the rent details for each month you are applying for help, the **amount requested** field will automatically be calculated based on the information you provide, which must include:
  - o Month applying for
  - o Monthly rent amount
  - Monthly rental insurance amount
  - Amount received as rental assistance from another federal or state program
  - Whether you have gotten a "past due rent notice"
    - If "Yes", enter any applicable late fees in the "late fee/court fee" field

| * Month applying for              |                          |                       |        |       |
|-----------------------------------|--------------------------|-----------------------|--------|-------|
|                                   |                          |                       |        | 9     |
| * Monthly rent amount             |                          |                       |        |       |
|                                   | //r                      |                       |        |       |
| Monthly rental insurance amount   | (IT annual, divide by 12 | 2)                    |        |       |
| Late fee / Court fee              |                          |                       |        |       |
| Amount received as Rental Assista | ance from another Fec    | leral or State progra | im     |       |
| Amount requested from this prog   | ram                      |                       |        |       |
| \$0.00                            |                          |                       |        |       |
| * Have you received past due ren  | t notice?                |                       |        |       |
| 🔿 Yes 🔵 No                        |                          |                       |        |       |
|                                   |                          |                       |        | _     |
|                                   |                          |                       | Cancol | Carlo |

NOTE: Click the "add month" button and enter the above information <u>individually for each month</u> you are asking for help.





#### UTILITY

- □ Indicate whether your utilities are included in your rent or provided by your current landlord by selecting either the **Yes** or **No** button
  - If "No", indicate whether you are seeking utility assistance by selecting either the Yes or No button

| HUMAN | Home   | Apply  | Track Status  | Help & Support   | Language Preference | م |
|-------|--------|--|---|--|---------------------|---|
|       | Renter | Application  | As you complete this form, it may be helpful to<br>• Photo ID<br>• Lease Agreement<br>• Proof of Income (W-9 or Pay Stub) | ave the following documents:<br>• Utility Bills<br>• SSN |                     |   |
|       |        |  | 0-0-0-0-0-0-  | - <b>O</b> — • — • — • — • .<br>Utility                  |                     |   |
|       |        |  | Utility   |  |                     |   |
|       |        | • Are all of your utilities in                                 | ncluded or provided by your current landlo  | rd?  |                     |   |
|       |        | *Are you seeking utility a <ul> <li>Yes</li> <li>No</li> </ul> | ssistance?  |  |                     |   |
|       |        | Add Utility  |   |  |                     |   |
|       |        | MONTH APPLYING FOR   | UTILITY TYPE  | AMOUNT OW  | VED                 |   |
|       |        |  |   |  | + Add Utility       |   |
|       |        |  | Next  |  |                     |   |
|       |        |  | Previous  |  |                     |   |

- □ If you are seeking help paying your utilities, add each month for each utility separately by clicking Add Utility and entering the following information as listed on the invoice:
  - o Month applying for
  - Utility type (e.g., electric, water, gas, etc.)
  - Utility provider account number.
  - Utility provider name

*Note: Including your utility provider account number and verifying it is accurate may improve the processing time of your utility assistance application.* 

Note: Utility bills must be in the name of the tenant or a household member. Utility bills in the name of a landlord or non-household member are not eligible.





|          | Ad  | d Utility                                    |                |  |
|----------|---|--|----------------|--|
|          |   |  |                |  |
|          | * Month applying for  | *Month applying for                          |                |  |
|          | * Uhilibu Tuno  | Utility provider account number              |                |  |
|          | Contry type   |  |                |  |
|          | Utility provider  |  |                |  |
|          |   | ۶  |                |  |
|          | Please enter the provider details, if its not displayed above.                |  |                |  |
|          | Utility provider legal business name  | Utility provider legal business name         |                |  |
|          | Utility provider business address   |  |                |  |
|          | · · · · · · · · · · · · · · · · · · ·   | >  |                |  |
|          | * Amount owed   | Late fee                                     |                |  |
|          |   |  |                |  |
|          | Amount received as Utility Assistance from another Federal or State program   | Amount requested from this program<br>\$0.00 |                |  |
|          | * Is this amount past due?  |  |                |  |
|          | Yes No  |  |                |  |
|          |   | Cancel Save                                  |                |  |
|          |   |  |                |  |
|          |   |  |                |  |
| 🗆 lf you | r provider's details are not displayed,                                       | please provide the following ut              | ility provider |  |
| inforn   | nation:   |  |                |  |
| 0        | Legal business name   |  |                |  |
| 0        | Phone number  |  |                |  |
| 0        |   |  |                |  |
| 0        | Business address  |  |                |  |
| 0        | Amount owed   |  |                |  |
| 0        | Late fee (if applicable)  |  |                |  |
| 0        | Any amount gotten as utility assistance from another federal or state program |  |                |  |
| 0        | Indicate whether amount is past due   |  |                |  |
| 0        | indicate whether amount is past due   |  |                |  |
|          | <ul> <li>If "Yes", enter any applicable</li> </ul>                            | ate fees                                     |                |  |
|          |   |  |                |  |

(NOTE: Help requested from this program will be automatically calculated from the provided information)

(NOTE: Click the **Add Utility** button and enter the above information <u>individually for each month</u> you are seeking help paying your utilities.





#### **UPLOAD DOCUMENTS**

Applicants must upload all **required documents** to the application before submitting it. This includes photocopies or pictures of the following:

- □ **Proof of identity**
- □ Lease agreement
- □ Rent notice(s)
- □ Utility bill(s)
- □ **Proof of income**
- □ Other documents (if applicable)
- □ Upload your relevant documents for each section. A green check mark will show when a document is uploaded, then click **Done**.

| <u>t</u>                       | Jpload Files |
|--------------------------------|--------------|
| Proof of Identity.JPG<br>49 KB | o            |
| 1 of 1 file uploaded           | Done         |

□ You can delete an uploaded document by clicking the "trashcan" icon to the right of each document.

| Upload Proof of Ident | ity           |   |
|-----------------------|---------------|---|
| * Proof of Identity   |               |   |
| 1 Upload Files        | Or drop files |   |
| Proof of Identity.JPC | à             | â |

Reminder: You will need to attach supporting documentation to show a loss of income, significant cost, and/or other financial hardship (e.g., Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, Approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency).





| <pre>Variable in language</pre>   | We want the state of the sta |              | Internet Description and   |   |   |  |  |              |
|---|---|--------------|--|---|---|--|--|--------------|
| up up darfine or drop fine     Up close Clo   | If user the integrate is the integrat |              | * Proof of Identity  |   |   |  |  |              |
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| "Last of Ranka Aguerants:   | ************************************  |              | Upload Lease Agreement   |   |   |  |  |              |
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| Uplead Path Underlaw / Eduction Notice         Buts Due Reint Notice // Eduction notice         Image: The path Interpretent Notice         Image: The path Interpretent Notice         Uplead Utility Bill         Uplead Path Interpretent Notice         Image: The path Interpretent Notice         Image: The path Interpretent Notice         Uplead Path Interpretent Notice         Image: The path Interpretent Notice   | Support of the regulared supporting documentation and thus needing to self-attest to that you are unable to provide the required supporting documentation and thus needing to self-attest to that you are unable to provide the required supporting documentation and thus needing to self-attest to that you are unable to provide the required supporting documentation and thus needing to self-attest to that you are unable to provide the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the required supporting documentation and thus needing to self-attest to that you are provided to the self to the self to the self to the self to |              | 1 Upload Files Or drop files   |   |   |  |  |              |
| Pace Das Neuro Neuronal Elvicion notice   | Part for determined by update File:          Update File:       or droughter         Update File:   |              | Upload Past Due Rent Notice / Evicti   | on Notice   |   |  |  |              |
|   | I characterize of order prise:          Uplead Their & denses         Uplead Their & dense         Uplead Their & dense <t< td=""><td></td><td>Past Due Rent Notice/Eviction notice</td><td></td><td></td><td></td><td></td><td></td></t<>  |              | Past Due Rent Notice/Eviction notice   |   |   |  |  |              |
| Upload Utility Bills         Upload Fillss       Or drop files         Upload Files       Or drop files   | Upware fully till         Upware not of course   |              | 1 Upload Files Or drop files   |   |   |  |  |              |
| Image: Strain Strai  | State of the required supporting documentation and thus needing to self-attest to that you are unable to providing accurate information.  |              | Upload Utility Bill  |   |   |  |  |              |
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| <ul> <li>Income Verification</li></ul>  | "or rent Wirklastin          "Information of the second s                           |              | Upload Proof of Income   |   |   |  |  |              |
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| Previous Next   | Carefully read each section and complete ONLY the sections for the categories you are unable t<br>provide the required supporting documentation and thus needing to self-attest to that you are<br>providing accurate information.  |              | .↑. Upload Files Or drop files   |   |   |  |  |              |
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| Carefully read each section and complete ONLY the sections for the categories you are unable to   | providing accurate information.   | nrovide tl   | he required sum  | oorting document  | ation and thus r  | heading to sal   | f_attest to th   | hat vou are  |
| Carefully read each section and complete ONLY the sections for the categories you are unable to provide the required supporting documentation and thus peeding to self-attest to that you are   | providing accurate information.   | provide d    | le requireu sup  | Joi ting documenta  |   | leeuing to sei   |  | lat you are  |
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| Carefully read each section and complete ONLY the sections for the categories you are unable to provide the required supporting documentation and thus needing to self-attest to that you are providing accurate information.   |   | L Unce all t | ne required info   | rmation is upload   | ea, click <b>Next</b> to  | o continue   |  |              |





#### CERTIFICATION

- Indicate whether you are submitting this application on someone else's behalf by clicking the Yes or No button.
  - If **yes**, enter your personal information as the **preparer** of their application including:
    - First and last name
    - Phone number
    - Email

| <ul> <li>Are you submitting this application on someone else's behalf?</li> <li>Yes. No</li> </ul> |                        |
|--|------------------------|
| * Preparer's first name  | * Preparer's last name |
| * Preparer's phone#  | * Preparer's email     |











#### □ Indicate that you have read and understand the **Acknowledgements** and an electronic signature.

#### ACKNOWLEDGEMENTS

- I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the Arkansas Rent Relief Program.
- I/We understand that the information provided in this application and the information provided in all supporting documents and forms is
  true and accurate in all material respects. I understand that knowingly making a false statement to obtain these funds may be punishable
  under the state, federal or local law, including under 18 USC 1343 by imprisonment of not more than thirty years and/or a fine of up to
  \$1,000,000 and Ark. Stat. Ann 6-3-402 by imprisonment for not more than ten years and/or a fine up to \$10,000.
- I/We also understand that false statements or information will be grounds for denial of my/our application, termination of rental or utility
  assistance, and/or debarment from participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the Arkansas Rent Relief Program to
  offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- "I/We have no objection to inquiries from the State of Arkansas or its designee to its agencies and instrumentalities for the purpose of verifying the facts herein stated and hereby consent to disclosure of information between such entities, including providing additional documentation if needed or as part of random and routine audits."
- · I/We have no objection to inquiries from the State of Arkansas or designees for the purpose of verifying the facts herein stated.
- I/We have received, read and understand the Arkansas Rent Relief Program eligibility requirements, program guidelines and compliance requirements.
- · I/We understand that we may be subject to future audits and I/We agree to cooperate in providing information for any future audit.

I/we have read and understand the acknowledgements above

#### Electronically sign







![](_page_32_Picture_2.jpeg)

![](_page_33_Picture_0.jpeg)

#### REVIEW

Review the information you have provided prior to submitting the application, including:

- o Renter name
- o Phone number
- o Email address
- o Rental property address
- o Landlord
- o Household members
- o Total rent assistance requested
- o Total utility assistance requested
- o AMI percentage

| THUMAN | Home | Acoty                     | Track Status   | Help & Support                             | Language Preference | ۹ |
|--------|------|---------------------------|--|--|---------------------|---|
|        |      | Renter Application        | As you complete this form, it may be helpful to have the<br>Photo ID<br>Lease Agreement<br>Phot of Income (V-9 or Pay Stute) | following documents:<br>http://bits<br>SSN |                     |   |
|        |      |                           | 0-0-0-0-0-0-0-0-   | •—••_•<br>Review                           |                     |   |
|        |      |                           | Review   |  |                     |   |
|        |      | Please review you         | ur application before submit.  |  |                     |   |
|        |      | <b>Tenant</b><br>Doe John |  |  |                     |   |

□ After reviewing the information above, click **Submit**.

![](_page_33_Picture_14.jpeg)

![](_page_33_Picture_15.jpeg)

![](_page_34_Picture_0.jpeg)

### CONFIRMATION

Once the application is submitted, a confirmation will appear with the application number. □ Click **Done** to complete your Arkansas Rent Relief Program application.

#### Confirmation

Your Rent Assistance Application # was submitted. We'll update you on your application status throughout the approval process by email. Refer to Application # if you contact us. Thank you!

![](_page_34_Picture_5.jpeg)

Done

![](_page_35_Picture_0.jpeg)

| DOCUMENT /<br>INFORMATION  | EXAMPLES   |  |  |  |
|----------------------------|--|--|--|--|
| Documentation              | <ul> <li>Government issued photo identification (e.g. driver's license, passport, military ID, U.S. permanent resident card, etc.)</li> <li>Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance</li> <li>Proof of income for each household member (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months)</li> <li>COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W2)</li> <li>Unemployment benefit statement or Form 1099-G</li> <li>Relevant eviction notice or statement/letter of past-due rent</li> <li>Utility bill(s) for the amount you are requesting financial help</li> </ul>   |  |  |  |
| Driver's License<br>Sample | ARKANSAS DRIVER'S LICENSE<br>CLASS D<br>CLASS D<br>CLA |  |  |  |

![](_page_35_Picture_2.jpeg)